



K A N S A S

RODERICK L. BREMBY, SECRETARY

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DEPARTMENT OF HEALTH AND ENVIRONMENT

STATE OF KANSAS
CREDIT CARD ACCEPTANCE PROGRAM

CREDIT CARD INFORMATION - DISCOVER/NOVUS CARD ONLY

Payment Type: Discover Card / Novus ____

Payment Amount: _____

2.5% Convenience Fee* _____

Total Enclosed: _____

Account Number: _____

Expiration Date: ____ / ____

Name as it appears on the card: _____

Mailing Address: _____

City / State / Zip Code: _____

Daytime Phone: _____ Evening Phone: _____

Cardholder's Signature: _____

"By my signature, I acknowledge my understanding that a 2.5% convenience fee will be included in the final total for this transaction."

*A 2.5% convenience fee will be assessed as part of this transaction to recover costs associated with the acceptance of this credit card. Payments made via check or money order are not subject to this fee.

Rev. 03/04

DIVISION OF HEALTH
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